16/852,15

pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

540-320\$

	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA	LL ENTIT	Y	ОТН	ER THAN
	FOR		NUMBE	LAU	(Column 2) NUMBER EXTRA			TYP	E 🗀	0	R SMAI	TENTITY	
	•		NUMBE		INC	NUMBER E		-XIIVA		FEE		RATE	
	BASIC FEE					•]		734	5 O	R	\$ 190
	TOTAL CLAIM	9	minus	20=	•		·	X\$ 9-	=	O	X\$18-		
	INCEPENDEN	NDEPENDENT CLAIMS		3 minus 3 = *					X39=	1	7	1	
	MULTIPLE DEPENDENT CLAIM PRESENT									 		1	
Ī	If the difference in column 1 is less than zero, enter of in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								+130=		Of	+260=	
									TOTAL	L	OF	TOTAL	
									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
T.		a	NMS NNING	· · · · · · · · · · · · · · · · · · ·	(Column 2)		(Column 3	T	SADAL	ADDI-	OR	SMALL	· · · · · · · · · · · · · · · · · · ·
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	Total *	• 4	- ; - [linus linus	2	0	=		X\$ 9=		OR	X\$18=	
13	FIRST PRESENTATION		/ /		PENDENT (S	= /	11	X 39=		OR	X78=	
					- CHOCKE COMM			1	+130=		OR	+260=	
			•		:			L.	TOTAL		-	TOTAL	1.00 (00) 10.00 (00)
	(Column 1) (Column 2) (Column 3)							· AI	DOIT. FEE		OR	ADOIT. FEE	2000 to 1
0		CLAI REMAI			HIGHE!	ST	PRESENT		i yang t	ADDI-	3 21	2000	ADDI-
MEN		AMEND	MENT		PREVIOUSLY PAID FOR		EXTRA		RATE -	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total Independent	•		nus .	••	.]	K		X\$ [.] 9=	:	OR	X\$18=	
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AMENDMENT C	<u>.</u>	REMAIN AFTE AMENDM	ING R		NUMBER PREVIOUS PAID FOR	ELY I	PRESENT EXTRA	Į.	ATE	ADDI- TIONAL	ſ	RATE	ADDI- TIONAL
5	Total	•	Min	us	••	1.				FEE	-		FEE
ME	Independent	•	Min	us	•••			X	\$ 9±		OR	X\$18=	19
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X	39=		OR	X78=		
- 61	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."										OR	+260=	
	the "Highest Nu	CIN THIS E	וחתאיי	TOTAL.	20 · 1/28	OR .	TOTAL	22354524					
. 1	he Highest Num	Der Previous	y Paid For	(Total or In	dependent) (to the hig	hest number	lound ir	the appn	opriste box	n colu	m 1.	